



**15th Australian Transplant Games
September 24 to October 1, 2016
Competitor's Medical Certificate**

This certificate must be filled in by your **Transplant Specialist** between May 1, 2016 and August 26, 2016 and uploaded to your registration or returned to Transplant Australia (304/354 Eastern Valley Way, Chatswood East NSW 2067) by **Friday August 26, 2016.**

COMPULSORY

Competitor's Details: *Please print clearly*

Surname: _____ Given Names: _____

Date of Birth: _____ Age: _____

Address: _____ Suburb: _____

State: _____ Post Code: _____ Email: _____

Phone Home: () _____ Work: () _____ Mobile: () _____

Medical Details: (Type of Transplant)

Kidney Heart Liver Pancreas Lung Bone Marrow

Heart/Lung Tissue (including cornea and bone) Cystic Fibrosis Dialysis

Other _____

Date of Transplant: _____ Transplant Unit: _____

Competitor's Height (Cm): _____ Weight (Kg): _____

Musculo-skeletal Disorders: _____

Treatment for heart disease: No Yes Details: _____

High blood pressure treatment: Low Blood Pressure: (tick if yes)

Diabetes: No Yes - Insulin dependent Tablet controlled Diet controlled

Allergies: No Yes: If yes, please list:

List of current Medications (including dosage)

High Exertion Sports	Low Exertion Sports
3k and 5k Road Race	Petanque
Dragon Boat Racing	Sailability
Swimming	Softball
Cycling	Archery
Badminton	Lawn Bowls
Athletics	Ten Pin Bowling
Tennis	Golf
Soccer	Table Tennis
Volleyball	

I approve participation in high exertion sports I only approve participation in low exertion sports

Transplant Specialist Comments;

Transplant Specialist Details:

Name: _____ Designation: _____

Address: _____

I certify that _____ (Patient Name) is fit to compete at the Transplant Games.

Signed: _____ Dated: _____ Telephone: () _____

Please affix Practice/Dr Name stamp in this square.